	AISSO				SIG CICCO AC
	ARTMEN	•	PU 81	Primary Registration District No. 3006 Registration District No. 3006	egistrar's No. 40 2 STATE FILE NUMBER
DO NOT WRITE ON THIS STUB	NOT WRITE AMENDED N THIS STUB			ET ED III 23 1099	•
VS 300	<u></u>			COUNTY DOONE 2. USL COUNTY DOONE	ATE Mo. b. COUNTY NEWTON admission)
Rev. 4/59	DATE AMENDED			b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OR T	OR OWN GRANBY Yes @ No [
0109	E AN			c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. 5	STREET (If outside, give location) Reside on Farm
20 730	2 PA			INSTITUTION U. OF MO. MED. CENTER YES NO .	Yes O No 1
3				NAME OF DECEASED First Middle Last (Type or print)	4. DATE Month Day Year OF DEATH 7-17-62
4 0					TE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HE
5 /]				25-97 64 Months Days Hours Min.
6	s]]]		during most of working life, even if retired)	RARRY Co. Mo USA
7 0	FOLLOW			a. FATHER'S NAME	14. NAME OF HUSBAND OR WIFE
8 /	ဖြ			LAWRENCE NICKLE DONNIE BOX. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INI	STELLA NICKLE ORMANT Address
95400t	RE A			es, no, or <u>unknown)</u> (If yes, give war or dates of servi	OF Mo. MED. RECORDS / Columbia
10	₹		ÆNT	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
11	CORD D OF	DOCUMENT	SC C	IMMEDIATE CAUSE (a) CARDIAE ARA	
12.2-0	HIS REC		8	Conditions, if any, which gave rise to	48 hrs.
133-0	┡			above cause (a), }	INTESTINAL BLEEDING due 5 DAYS
	ő			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but no disease condition given in PART I (a)	of related to the terminal PART III. If deceased was female we there a pregnancy in last 90 day
	STS			to ANTRAL ULCER	☐ Yes ☐ No ☐ Unknow
	ENDMENT		CERTIFICATION	19. WAS AUTOPSY 20%. ACCIDENT SUICIDE HOMICIDE 20%. DESCRIBE HOW INJURY PERFORMED?	Y OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
	AMEN			20c. TIME OF Hour Month, Day, Year INJURY e.m.	
				p.m. 20d. INJURY OCCURRED WHILE AT WORK [20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	, TOWN, OR LOCATION COUNTY STATE
	۵			WHILE AT WORK [] farm, factory, street, office bldg., etc.)	
BLACK OR RITER R	REA			21. Lattended the deceased from 7-14-62, to 1-17-6	him and on
USE 1					ated above, and to the best of my knowledge, from the causes stated. DDRESS 22c. DATE SIGNE
USE BLACE OR TYPEWRITER	SHOULD		IT OF	228. SIGNATURE (Degree or title) 22b, AD	FMO. WED. CENTER 7-17-6V
•	ġ Ż	╁┼┥	AFFIDÁVIT	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BENGVAL (Specify) 7-18-62	23d. OCATION (City, town, or county) (State)
	EX EX			FUNCTION ADDRESS 25. DATE RECD.	
			Æ	sker Funeral Service, Columbia, Mo. July 17	1962 Mrs REPolmer
				(Licensed Embalmer Statement on R	everse Side)

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705 37 1865

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Our Children
StudentSignature of Student Embalmer	Signed
	Licensed Embalmer No.
·	P. O. Address Qum Time

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.